

**EXAMINATION AND/OR
EMPLOYMENT APPLICATION****Applications will be processed ONLY for classifications where an examination is in progress and the published final filing date has not passed, or for vacant positions where a department requests an application.**

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PRINT OR TYPE—PLEASE SEE INSTRUCTIONS ON BACK PAGE

APPLICANT'S NAME (Last) (First) (M.I.)			SOCIAL SECURITY NUMBER
MAILING ADDRESS (Number) (Street)		E-MAIL ADDRESS	WORK TELEPHONE NUMBER
(City)	(County)	(State) (Zip Code)	HOME TELEPHONE NUMBER
EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING			PERSONNEL USE ONLY
FOR SPOT EXAMINATIONS, ENTER THE LOCATION WHERE YOU WISH TO WORK			

ANSWER THE FOLLOWING QUESTIONS: (Answer questions 8, 9, 10, and/or 11 only if the examination indicates they are required.)

- Enter the county in which you would like to take the examination if different from the county of your residence: _____
 - Do you need reasonable accommodation to take an interview or written test? **YES NO**
 - Do your religious beliefs prevent you from taking an examination on Saturday? **YES NO**
 - Are you now employed by the State of California? (If "YES", fill in the information below.) **YES NO**
Department: _____ Subdivision: _____
 - Have you ever been dismissed or terminated from any position for performance or other disciplinary reasons? (Applicants whose dismissals or terminations were overturned, withdrawn [unilaterally or as part of a settlement] or revoked need not answer "Yes".) If "Yes" to Question #5, give details in Item #12, and refer to the Instructions for further information. **YES NO**
 - In addition to English, list any other languages you:
a. possess verbal fluency in _____
b. possess written fluency in _____
 - I certify I can type at a speed of _____ words per minute. (For typing applicants only.)
- (Answer Questions 8, 9, 10, and/or 11 ONLY if the examination indicates they are required.)**
- Do you meet the minimum and/or maximum age requirements? **YES NO**
 - Do you possess a valid California Driver License? (If "YES", fill in the information below.) **YES NO**
License # _____ Class: _____ Restrictions: _____
 - Have you ever been convicted by any court of a misdemeanor crime of domestic violence? **YES NO**
 - Have you ever been convicted by any court of a felony? **YES NO**

12. EXPLANATIONS**CERTIFICATION—IMPORTANT—PLEASE READ BEFORE SIGNING—If not signed, this application may be rejected.**

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the State of California. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.

APPLICANT'S SIGNATURE	DATE SIGNED
	

APPLICANTS--DO NOT USE THE SPACE BELOW--FOR PERSONNEL USE ONLY

Classes	01	02	03	04	05	06					Flags _____	FOR PERSONNEL USE ONLY
WC for Series											WC _____	
RC/Flag for Series												
CODES												
												STATUS
												<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED WC _____
												EXPERIENCE
												LICENSE REQUIREMENT
												EDUCATION
												OTHER
												STAFF
												DATE PROCESSED

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APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER
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13. EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL?		IF NOT, DO YOU POSSESS A GED OR EQUIVALENT?		IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED	
YES	NO	YES	NO		
UNIVERSITY OR COLLEGE--NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED		DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED
		SEMESTER	QUARTER		

14. LIST BELOW VALID LICENSES, CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, OR MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS CALLED FOR IN THIS EXAMINATION ANNOUNCEMENT. (If you are an attorney, please include first Bar date with license information if the examination announcement requires it.)

LICENSE/CERTIFICATION NUMBER	DATE ADMITTED TO THE BAR	EXPIRATION DATE	IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS EXAMINATION

15. EMPLOYMENT HISTORY—Begin with your most recent job. List each Job separately.

FROM (M/D/Y)	TO (M/D/Y)	TITLE/ JOB CLASSIFICATION (Include Range or Level, if applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED	PER	ADDRESS	
\$			
DUTIES PERFORMED			

REASON FOR LEAVING

FROM (M/D/Y)	TO (M/D/Y)	TITLE/ JOB CLASSIFICATION (Include Range or Level, if applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED	PER	ADDRESS	
\$			
DUTIES PERFORMED			

REASON FOR LEAVING

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APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER
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15. EMPLOYMENT HISTORY—(Continued)

FROM (M/D/Y)	TO (M/D/Y)	TITLE/ JOB CLASSIFICATION (Include Range or Level, if applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED	PER	ADDRESS	
\$			
DUTIES PERFORMED			

REASON FOR LEAVING

FROM (M/D/Y)	TO (M/D/Y)	TITLE/ JOB CLASSIFICATION (Include Range or Level, if applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED	PER	ADDRESS	
\$			
DUTIES PERFORMED			

REASON FOR LEAVING

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HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED	PER	ADDRESS	
\$			
DUTIES PERFORMED			

REASON FOR LEAVING

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APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER
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15. EMPLOYMENT HISTORY—(Continued)

FROM (M/D/Y)	TO (M/D/Y)	TITLE/ JOB CLASSIFICATION (Include Range or Level, if applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED	PER	ADDRESS	
\$			
DUTIES PERFORMED			

REASON FOR LEAVING

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HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
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DUTIES PERFORMED			

REASON FOR LEAVING

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HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR
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DUTIES PERFORMED			

REASON FOR LEAVING

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**EQUAL EMPLOYMENT OPPORTUNITY
(For Examination Use Only)**

APPLICANT: To assist the State of California in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to the examination and will not be used in any employment decisions. Government Code Section 19705 authorizes the State Personnel Board to retain this information for research and statistical purposes.

SOCIAL SECURITY NUMBER _____

AGE				GENDER	
(1) UNDER 21	(3) 21 - 39	(6) 40 - 69	(7) 70 AND OVER	MALE	FEMALE

Ethnic Category (Please check the box that best describes your race/ethnicity.):

⁽⁷⁾ **AMERICAN INDIAN OR ALASKAN NATIVE--** Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ENTER TRIBAL IDENTIFICATION OR AFFILIATION _____

⁽²⁾ **ASIAN--** Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.

⁽¹⁾ **BLACK--** Persons having origins in any of the black racial groups of Africa.

⁽⁸⁾ **FILIPINO--** Persons having origins in any of the original peoples of the Philippine Islands.

⁽⁴⁾ **HISPANIC--** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

⁽⁶⁾ **PACIFIC ISLANDERS--** Persons having origins in the Pacific Islands, such as Samoa.

⁽⁵⁾ **WHITE--** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Check if:

⁽³⁾ **OTHER** (Specify) _____

⁽⁹⁾ **DISABLED --** A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition.

MILITARY--A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.

How did you learn of this Examination?

TELEPHONE JOB LINE _____

WORD OF MOUTH _____

INTERNET _____

ADVERTISEMENT IN _____

EXAMINATION BULLETIN LOCATED AT _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE